

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT/ PARAMEDIC/MICN)
REFERENCE NO. 838

SUBJECT: APPLICATION OF PATIENT RESTRAINTS

PURPOSE: To provide guidelines for emergency procedures and use of restraints in the field or during transport of patients who are violent or potentially violent, or who may harm self or others.

AUTHORITY: California Code of Regulations, Title 22, Sections 100063, 100145, 100169(a)(1,2) and (c)(1)
Welfare and Institutions Code, 5150
California Code of Regulations, Title 13, Section 1103.2
Health and Safety Code, Section 1798(a)

PRINCIPLES:

1. The safety of the patient, community, and responding personnel is of paramount concern when considering the use of restraints.
2. The application of restraints is a high risk procedure due to the possibility of injury; therefore, the least restrictive method that protects the patient and emergency medical services (EMS) personnel from harm should be utilized. Restraints should be used only when necessary in situations where the patient is potentially violent or is exhibiting behavior that is dangerous to self or others.
3. EMS personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol, drug related problems, metabolic disorders, stress and psychiatric disorders. Base contact criteria shall be strictly adhered to for those conditions that require it.
4. The responsibility for patient health care management rests with the highest medical authority on scene. Therefore, medical intervention and patient destination shall be determined by EMS personnel according to applicable policies. Authority for scene management shall be vested in law enforcement, where applicable.
5. The method of restraint used shall allow for adequate monitoring of vital signs and shall not restrict the ability to protect the patient's airway or compromise neurological or vascular status.
6. This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment approved by their respective agency to establish scene management control.

POLICY

I. Forms of Restraining Devices

- A. Restraint devices applied by EMS personnel (including interfacility transport of psychiatric patients) must be either padded hard restraints or soft restraints (i.e., vest with ties, velcro or seatbelt type). Both methods must be keyless and allow

EFFECTIVE: 02-15-95

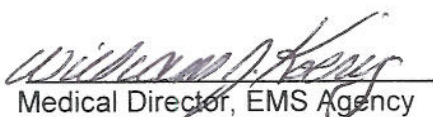
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REVISED: 07-01-13

SUPERSEDES: 01-01-13

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

for quick release. Restraints shall be applied as a two point padded wrist and belt restraint or four point padded wrist and ankle restraints.

B. The following methods of restraint shall NOT be utilized by EMS personnel:

1. Hard plastic ties or any restraint device requiring a key to remove.
2. Restraining a patient's hands and feet behind their back.
3. "Sandwich" method (e.g., backboard, scoop stretcher or flats).
4. Materials applied in a manner that could cause vascular, neurological or respiratory compromise (e.g., gauze bandage or tape).

II. Application and Monitoring of Restraints

- A. Restraints shall be applied in such a manner that they do not cause vascular, neurological or respiratory compromise.
- B. Restrained extremities should be evaluated for pulse quality, capillary refill, color, temperature, nerve and motor function immediately following application and every 15 minutes thereafter. Any abnormal findings require adjustment, removal and reapplication of restraints if necessary. It is recognized that the evaluation of nerve and motor status requires patient cooperation and thus may be difficult to monitor.
- C. Under no circumstances are patients to be transported in the prone position regardless of who applies the restraint. EMS personnel must ensure that the patient's position allows for adequate monitoring of vital signs, does not compromise respiratory, circulatory, or neurological status, and does not preclude any necessary medical intervention to protect or manage the airway should vomiting occur.
- D. Restraints shall not be attached to movable side rails of a gurney.
- E. Restraint methods must allow the patient to straighten the abdomen and chest to take full breaths.
- F. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene management safety. The officer shall accompany the patient in the ambulance. In the unusual event that this is not possible, the officer should follow by driving in tandem with the ambulance on a pre-determined route. A method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene.

IV. Required Documentation on the Patient Care/EMS Report Form

- A. Reason restraints were applied
- B. Type of restraints applied
- C. Identity of agency/medical facility applying restraints.

- D. Assessment of the overall cardiac and respiratory status of the patient; and the circulatory, motor and neurological status of the restrained extremities every 15 minutes.
- E. Reason for removing or reapplying the restraints or any abnormal findings.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**

Ref. No. 703, **ALS Unit Inventory**

Ref. No. 808, **Base Hospital Contact and Transport Criteria**